IH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____   Manager or Designee: _____

Work Area: _____   Primary Preceptor: _____

Hire Date: _____   Competency Date: Met _____   Not Met: _____

Reason for validation: □ Orientation   □ Re-validation   □ PI Follow-up   □ Other _____

Key: 1 = No knowledge/No experience   3 = Knowledge/Done with assistance   **Circle method used for validation:** D = Demonstration   DR = Documentation Review   V = Verbalization
      2 = Knowledge/No experience   4 = Knowledge/Done independently   T = Test/Quiz   O = Other (specify)

Competency: Pediatric Continuous Renal Replacement Therapy (CRRT) – Manages care and seeks to prevent complications in pediatric patients requiring CRRT.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. States indications for CRRT.	1	2	3	4	V			Unit Orientation	
2. Assists in insertion of dialysis catheter.	1	2	3	4	D, V				
3. Obtains CRRT supplies, including catheter appropriately sized for age and size of the child.	1	2	3	4	D, V			NPCS SOP: Renal Replacement, Care of the Patient Requiring	
4. Correctly primes machine.	1	2	3	4	D				
5. Verifies ordered settings.	1	2	3	4	D, V, DR			Kids Koncepts III: Pediatric Critical Care	
6. Correctly programs CRRT machine.	1	2	3	4	D				
7. Concurrently administers blood products when indicated.	1	2	3	4	DR			Experience with preceptor	
8. Connects patient and initiates therapy.	1	2	3	4	D				
9. Monitors patient for complications.	1	2	3	4	D, V				
10. Intervenes appropriately in the event of complications.	1	2	3	4	D, V, DR				
11. Correctly monitors patient for intake and output per unit protocol.	1	2	3	4	D, V, DR				
12. Documents care of CRRT patient per NPCS guidelines.	1	2	3	4	DR				

1/2004   *If competency is initialed as 'NOT MET', CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

"Hands on" practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

□   Competency Met
□   Competency Not Met

    Next Step:_____